

STATE OF ILLINOIS JUDICIAL INQUIRY BOARD

555 W. Monroe Street, Suite 800-N Chicago, IL 60661

Phone (312) 814-5554, (800) 227-9429, TTY (866) 451-5724, Fax (312) 814-5719

Website: jib.illinois.gov

COMPLAINT AGAINST A JUDGE FORM

(Please type or print all information and return complaint to the above address.)

Kindly be aware that the Judicial Inquiry Board:

- •<u>DOES NOT PROVIDE</u> legal counsel, advice, services, or referrals
- •<u>CANNOT</u> file motions/petitions on your behalf; change the judge's ruling, decision, or judgment; remove/replace the judge hearing your court case; have your case moved to another place/county; act as your attorney; intervene in your case; remove/change your attorney; and
- •HAS NO AUTHORITY TO INVESTIGATE ALLEGATIONS OF MISCONDUCT AGAINST retired Illinois state court judges, attorneys, court personnel, police officers, federal judges, administrative law judges, or arbitrators.

You should also note that:

- •If you have a court case that is now being heard by a judge, you should continue to take whatever action is available to you within the court system to correct any judicial errors you believe were committed in your case. Your Complaint is separate from your court case.
- •Filing a complaint with the Judicial Inquiry Board is not a substitute for appeal and has no effect on your legal or appellate rights. If you want or intend to appeal from a judge's order, you must pursue your appellate rights through the judicial system.

Your Name:			
Address:			
City:	State:	Zip:	
Daytime telephone:()			
Evening telephone:()			
Note: You must provide the Board wafter you have submitted your Comp		nation to receive correspond	ence
How did you hear about the Judicia	l Inquiry Board?		
☐ Notice Posted in the Courthouse	☐ Illinois Attorney Registration	and Disciplinary Commission	on
☐ Another State Agency	☐ News Media ☐ Atto	rney	
□ Internet	☐ Other		

I have information of possible judicial misconduct or disability on the part of the following Illinois judge: First and Last Name of Judge: City and County: Court Level: ☐ Supreme Court ☐ Appellate Court ☐ Circuit Court **STATEMENT OF FACTS** 1. When and where did this happen? Date(s): Time: 2. If your information arises out of a court case, please answer these questions: (a) What is the name and number of the case? Case Name: Case Number: (b) What kind of case is it? (Please check one below) ☐ Criminal ☐ Chancery ☐ Domestic Relations ☐ Small Claims □ Law ☐ Traffic ☐ Municipal ☐ Juvenile ☐ Probate ☐ Other (specify): (c) What is your relationship to the case? (Please check one below) ☐ Plaintiff/Petitioner ☐ Defendant/Respondent ☐ Attorney for: _____ ☐ Witness for:

☐ Other (specify):

(d) If you were represented by an attorney in this matter at the time of the conduct of the Judge, please identify the attorney:
Name:
Address:
Telephone Number:()
(e) Identify any other attorney(s) who represented you or any person involved in the case:
Name of Attorney:
Address of Attorney:
Telephone Number:()
Attorney Represented:
3. Identify, if you can, any other witnesses to the conduct about which you complain:
Name:
Address:
Telephone Number:()
4. Only list and send a copy of those court documents which support your claim that the judge had engaged in judicial misconduct or has a disability. Kindly indicate the specific information contained if your documents that relates to and supports your claim. You should keep a copy of all your submitted documents as we cannot return any documents to you.
5. In the space below, specifically describe the factual details concerning your claim that the judge engage in judicial misconduct or has a disability. Please type or print legibly. If additional space is required, attac and number pages.

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Your Signature:		